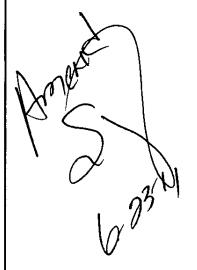
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(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone	e #)
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF COR	PORATION:	RATION: INTEGRA DENTAL HEALTH PLAN INC.						
DOCUMENT NUMBER:			P11000053067					
The enclosed Arti	cles of Amendmen	and fee are s	ubmitte	ed for fil	ing.			
Please return all c	orrespondence cond	cerning this m	atter to	the follow	owing:			
		XIM	IENA I	OPEZ				
		Name	of Cont	act Person	1			
	INTERNA	TIONAL IMM	IIGRA	TION A	SSISTANCI	E, INC		
		Fi	rm/ Con	npany				
	62	289 W SUNR	ISE BI	LVD. SI	JITE #114	,		
			Addre	SS				
		SUNR	RISE. F	L. 3331	13			
				Zip Code				
	E-mail addres	ximelo12 s: (to be used for	2@aol future a	.com	ort notification)			
For further inform	ation concerning th	nis matter, plea	ase call	:				
	LUIS LEIVA		_ at (754		214-4544		
Name	e of Contact Person			Area Coo	le & Daytime T	elephone Number		
Enclosed is a chec	k for the following	amount made	payab	le to the	Florida Depa	ertment of State	:	
□\$35 Filing Fee	\$43.75 Filing I Certificate of S		Сег	.75 Filing tified Cop ditional co			of Status	d)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314			Amer Divis Clifto	n Buildi	Section orporations	cle		
					L 32301			

Articles of Amendment Articles of Incorporation

INTEGRA DENTAL HEALTH PLAN INC.

INTEGRA DE				Sept.
(Name of Corporation as c			Dept. of State)	opts the following
	11000053067			
(Document)	Number of Corporat	ion (if knowi	1)	
Pursuant to the provisions of section 607. amendment(s) to its Articles of Incorporation		tes, this <i>Floi</i>	<i>ida Profit Corporation</i> ad	opts the following
A. If amending name, enter the new nam	e of the corporation	on:		
	N/A			The new
name must be distinguishable and conta abbreviation "Corp.," "Inc.," or Co.," or name must contain the word "chartered," '	the designation "C	orp," "Inc,"	or "Co". A professional	
B. Enter new principal office address, if (Principal office address MUST BE A STE		N/A	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	_
C. Enter new mailing address, if applica (Mailing address MAY BE A POST O)		.N/A		,,
D. If amending the registered agent and/ new registered agent and/or the new r			florida, enter the name of	<u>the</u>
Name of New Registered Agent:	N/A		<u>.</u>	
	N/A			
New Registered Office Address:	(Flor	ida street add	lress)	
	N/A		, Florida N/A	
	(City)		(Zip Code)	
New Registered Agent's Signature, if cha I hereby accept the appointment as registered			accept the obligations of th	he position.
-	Signature of New	Registered A	gent, if changing	

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

<u>Title</u>	<u>Name</u>	Address	Type of Action
<u> </u>	LUZ ANGELA JIMENEZ	10550 NW 77CT Suite 2-20 HIALEAH FL. 33016	
			
(attach add ARTICLE I NAME: LU ADDRESS	ing or adding additional Articles, entiditional sheets, if necessary). (Be spenditional sheets, if necessary). (Be spenditional sheets, if necessary). Z ANGELA JIMENEZ 3. 10550 NW 77CT SUITE 2-20 H	cific) Officer	
	LEIVA (VP) WILL BE THE NEW	PRESIDENT OF THE CORPO	DRATION
provisio	endment provides for an exchange, ross for implementing the amendment of applicable, indicate N/A)		
N/A			
			
		1	

The date of each amendmen	t(s) adoption:	<u>: 06/18/2011</u>
Effective date <u>if applicable</u> :	N/A	(date of adoption is required)
.	(no more the	an 90 days after amendment file date)
Adoption of Amendment(s)	((CHECK ONE)
The amendment(s) was/we by the shareholders was/w		y the shareholders. The number of votes cast for the amendment(s) for approval.
		by the shareholders through voting groups. The following statement of the group entitled to vote separately on the amendment(s):
"The number of votes	cast for the ar	mendment(s) was/were sufficient for approval
by	(voting group	"
	(voting group	(p)
The amendment(s) was/we action was not required.	re adopted by	the board of directors without shareholder action and shareholder
The amendment(s) was/we action was not required.	ere adopted by	the incorporators without shareholder action and shareholder
Dated 06/1	5/2011	(Cardela Pines
Signature (By	a director, p	resident or other officer - if directors or officers have not been
sel	ected, by an in	ncorporator - if in the hands of a receiver, trustee, or other court
app	iointed fiducia	ary by that fiduciary)
		LUZ ANGELA JIMENEZ
		(Typed or printed name of person signing)
		PRESIDENT
	(Titl	tle of person signing)